

Patient Communications Expert Group: emerging patient concerns

Risk

1. How safe will I be going to hospital for treatment or if I become unwell?

- Hospitals in Victoria have implemented procedures to optimise the safety of patients coming to the hospital, particularly in areas where patients with cancer attend.
- For visitors, this may include temperature checks on entry, and in some cases, no-visitor policy for chemotherapy day units.
- There is a low level of COVID-19 in the community at present given the success of social distancing. Most hospitals have no or few COVID-19 positive inpatients (in separate wards if present). Health care providers practise social distancing and strict hand hygiene.
- If you become unwell, going to hospital will be safer than staying at home. The risk of not getting timely diagnosis or treatment outweighs the COVID-19 risk.
- Many Oncology/Haematology Departments have clinics set up to review patients at short notice as a way of minimising the need to attend the Emergency Department.
- Stay in touch with your treating team and contact them before heading in if you are unwell.

2. How long should I put off attending face to face appointments including tests and scans?

- Best to be advised by your treating doctors as the timing of tests and scans often has flexibility without compromising your care.
- Scans and blood tests are still done as usual though with added precautions of hand hygiene and social distancing. Some blood tests and scans can be arranged in the community closer to you.
- Telehealth with video and audio is being used in hospitals across Victoria and is an effective way of providing clinical care for cancer patients. Using Telehealth, you can avoid crowded waiting areas and outpatient clinics. Your treating team will provide instructions on how to participate.

3. Why do different health professionals I am seeing not all wear the same PPE?

- Wearing PPE depends on the risks category of the clinical area as determined by the health service.
- In settings where the risk for COVID-19 exposure is higher with a person suspected of having COVID-19 (for example an Emergency Department), staff will put on PPE (gowns, masks, eye protection) as per guidelines.
- In a lower risk area in the hospital, this may not be necessary.
- Social distancing and hand washing remain very important and are used by all health professionals.

4. What constitutes high risk groups amongst cancer patients and how do I know if I am high risk?

- Good data on this issue is not available from other countries.
- Elderly patients with underlying respiratory illnesses appear to have the highest risk.
- It appears patients who have had recent cancer surgery and those having some particular cancer treatments may be at a higher risk than the general population of developing severe COVID-19 infections.
- Some cancer patients with respiratory problems or other chronic health conditions. Treatments that suppress the immune system, some cancer treatments do this to a greater degree than others.
- You should discuss any individual risk with your treating team.

Treatment changes

5. What will delays to my diagnosis or treatment mean and will I still receive best care options?

- Clinical teams will always deliver the best care options available.
- At present, cancer treatments are scheduled largely as usual in Victoria. This may change if COVID-19 infections escalate in the community and the health system comes under significant pressure.
- For some cancers, delays in biopsy procedures or treatment do not have any significant impact on outcome due to the nature of that particular cancer.
- Your clinical team will prioritise treatment or tests.

6. If I was advised a trial drug was my best option and the trial is now cancelled/suspended will I still benefit from another treatment (metastatic setting)?

- Absolutely there are other options, your treating team will be best placed to advise you.
- It is true that some trials are currently on hold to recruitment, but this is being reviewed on a regular basis. Clinical trial researchers are actively looking to re-open some trials at the moment. You should always check with your doctor.
- All standard treatments are still available and can be accessed in a timely manner as before COVID-19.

Follow up

7. Who will coordinate rebooking my blood tests and scans that were cancelled and how will this affect my follow up?

- The health service will coordinate rebooking of tests if a delay is deemed safe by your treating team.
- Cancellation of blood tests and scans may be occurring because they may not be critical to your care at this point.
- Your doctor will indicate when recommencement of tests in the future is needed. Sometimes, it may be okay to discontinue these if you were getting close to the end of the follow up period.

End of life care

8. Who will be with me in hospital if my condition deteriorates? I am worried about dying alone.

- Exemptions to the rules for hospital visitors are allowed for people providing end of life support for a patient. Most exemptions are for time with the patient but the number of visitors may still be limited. Please discuss with your health service.
- The rules on visitors have been set to reduce the risk of spread of COVID-19 infection to hospitals. The rules are set by the Victorian Chief Health Officer.
- No patient will ever be on their own in hospital. Hospital staff, including nurses, doctors, allied and spiritual care will always be there 24/7 to care for all patients.
- No patient will end up dying alone. Hospital staff will stay with them.